



**TEXAS DEPARTMENT OF  
LICENSING AND REGULATION**

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**MEMORANDUM OF UNDERSTANDING FOR  
CONDITIONAL ISSUANCE OF  
TEMPORARY RESIDENCY LICENSE**

[THIS BOX - DEPARTMENT USE ONLY]

**Name**

**Applicant No.**

**Candidate I.D. No.**

I, \_\_\_\_\_, am  
currently enrolled in the following approved Graduate Podiatric Medical Education (GPME)  
residency training program:

\_\_\_\_\_  
**(Program Name)**

\_\_\_\_\_  
**(Program Director Name & Phone)**

\_\_\_\_\_  
**(Program Category; e.g. PM&S 36)**

\_\_\_\_\_  
**(Program Start Date)**

\_\_\_\_\_  
**(Program End Date)**

1. I understand the filing of an application and tendering of fees does not in any way obligate the Department to admit an applicant to examination or issue a license until such time the applicant has been approved as meeting all requirements for licensure set forth in the Department's laws and rules.
2. I understand applicants who have furnished false information to the Department or who are alleged to be in violation of the Department's laws and rules will be investigated. Such applicants are subject to refusal for admittance to the examination and denial of licensure; Department disciplinary action.

3. I understand applicants for a Temporary Residency License are subject to the laws and rules of the Department.
4. I understand my allowance to be authorized to begin the above enrolled GPME residency training program is to facilitate Temporary Residency Licensure so that I may begin my supervised training.
5. I understand that I must promptly (within 10-business days upon completion) provide the Department with:

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6. I understand that should I fail to provide the Department with requisite proof of materials referenced in “Item #5” above:
    - I have not met the requirements for the Temporary Residency license as set forth in Department Rule;
    - I shall voluntarily surrender the Temporary Residency license that was issued to me; and
    - I understand that the Department will begin disciplinary proceedings to revoke the Temporary Residency license.

**I have read and understand the foregoing Memorandum of Understanding.**

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**Signature**

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**Date**